

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031356

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1000

1068

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042
Fil. SEP 9 1963

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN Rushville, Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If outside, give location) General Del Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Orville Middle Francis Last Conard		4. DATE OF DEATH Sept. 2, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH Feb. 25, 1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Re. Engineer		10b. KIND OF BUSINESS OR INDUSTRY unk	9. AGE (last birthday) 61
11a. FATHER'S NAME Charles Conard		11b. MOTHER'S MAIDEN NAME Ida Chalfen	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		12b. SOCIAL SECURITY NO.	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CVA Sept. DUE TO (b) DIABETES MELLITUS. DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Dorothy Creal, St. Joseph, Mo		18. INTERVAL BETWEEN ONSET AND DEATH 3-4 days 10 yrs.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Sept 1 - 1963. to Sept. 2, 1963 and last saw him alive on Sept 2 - 1963		22a. SIGNATURE (Degree or title) J. T. Rogers, M.D.	
22b. ADDRESS 102 N. 1st St. St. Joseph, Mo		22c. DATE SIGNED 9-3-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/4/63	
23c. NAME OF CEMETERY OR CREMATORY Sugar Creek Cemetery		23d. LOCATION (City, town, or county) Rushville, Mo	
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG. Sept. 5, 1963	
26. REGISTRAR'S SIGNATURE Mrs. Clark Handell			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

J. T. Rogers, M.D.

Permit issued 9-4-63

10112

If this body is not embalmed, fact should be so stated above.